

Application for the Carrying out of Restricted Organ Removal and/or Restricted Organ Transplant
申請進行受規限器官切除及/或受規限器官移植

APP

(under section 5C of the Human Organ Transplant Ordinance, Cap. 465)
(根據《人體器官移植條例》(第465章)第5C條)

Application Form 申請表

To be completed by the registered medical practitioner who has clinical responsibility for the intended donor and submitted to the Human Organ Transplant Board together with Declarations (DEC(1) to (4)), Report (REP) and other supporting documents **BEFORE** removal of the organ(s). Please also read the "Important Notes" at the end of this form.

由一名對預定的器官捐贈人負有臨床診治責任的註冊醫生填寫，並須連同聲明書(DEC(1)至(4))、報告書(表格 REP)及其他補充文件在切除器官之前一併遞交人體器官移植委員會。請參閱本表格末部的重要註釋。

Part A 甲部

1. Particulars of Applicant 申請人的個人資料

(registered medical practitioner who has clinical responsibility for the intended donor)
(對預定的器官捐贈人負有臨床診治責任的註冊醫生)

Name

姓名 : _____

*HK Identity Card No. 香港身分證號碼/Passport No.(please specify the place of issue) 護照號碼(請指明發出地點)/Other identity document No. (please specify the type of document and place of issue) 其他身分證明文件號碼(請指明文件類別及發出地點)

Personal Identification No.

個人身分證明號碼 : _____

Telephone Number

電話號碼 : _____

Facsimile Number

傳真號碼 : _____

Address/Hospital Name

地址/醫院名稱 : _____

2. Description of Organ(s) to be removed and transplanted 將被切除及移植的器官的說明

3. Scheduled Date, Time and Place of the transplant 預定進行器官移植的日期、時間及地點

4. Intended Donor 預定的器官捐贈人

Name

姓名 : _____

*HK Identity Card No. 香港身分證號碼/Passport No.(please specify the place of issue) 護照號碼(請指明發出地點)/Other identity document No.(please specify the type of document and place of issue) 其他身分證明文件號碼(請指明文件類別及發出地點)

Personal Identification No.

個人身分證明號碼 : _____

Address

地址 : _____

†Age

年齡 : _____

Sex

性別 : *M 男/F 女

Marital Status

婚姻狀況 : *Single 未婚/Married 已婚/Separated 分居/Divorced 離婚/Widowed 喪偶

Medical Condition

醫療狀況 : _____

(please give your views on whether the donor is medically suitable for the donation)

(請就器官捐贈人是否適合捐贈器官提供意見)

5. Intended Recipient 預定的器官受贈人

Name
姓名 : _____

*HK Identity Card No. 香港身分證號碼/HK Birth Certificate No. 香港出生證明書號碼/Passport No. (please specify the place of issue) 護照號碼(請指明發出地點)/Other Identity document No. (please specify the type of document and place of issue) 其他身分證明文件號碼(請指明文件類別及發出地點)

Personal Identification No.
個人身分證明號碼 : _____

Address
地址 : _____

Age
年齡 : _____

Sex
性別 : *M 男/F 女

Marital Status
婚姻狀況 : *Single 未婚/Married 已婚/Separated 分居/Divorced 離婚/Widowed 喪偶

Medical Condition
醫療狀況 : _____

(please give your views on whether the recipient is suitable for the transplant operation and the reason for requiring the organ donation)
(請詳述你對器官受贈人是否適合進行該項移植手術的意見，並說明需要器官捐贈的原因) : _____

6. Particulars of Registered Medical Practitioner who has clinical responsibility for the Intended Recipient (if he is also clinically responsible for the intended donor, please state so and give reasons)

對預定的器官受贈人負有臨床診治責任的註冊醫生的個人資料(如他同時對預定的器官捐贈人負有臨床診治責任，請註明及提供原因)

Name
姓名 : _____

*HK Identity Card No. 香港身分證號碼/Passport No. (please specify the place of issue) 護照號碼(請指明發出地點) /Other identity document No. (please specify the type of document and place of issue) 其他身分證明文件號碼(請指明文件類別及發出地點)

Personal Identification No.
個人身分證明號碼 : _____

Telephone Number
電話號碼 : _____

Facsimile Number
傳真號碼 : _____

Address/Hospital Name
地址/醫院名稱 : _____

Reasons for the same registered medical practitioner to be clinically responsible for the donor
由同一位註冊醫生對預定的器官捐贈人負有臨床診治責任的原因 : _____

7. Particulars of Registered Medical Practitioner expected to remove organ (if different from the registered medical practitioner making application)

負責器官切除手術的註冊醫生的個人資料(如有別於申請的註冊醫生)

Name
姓名 : _____

Personal Identification No.
個人身分證明號碼 : _____

Telephone Number
電話號碼 : _____

Facsimile Number
傳真號碼 : _____

Address/Hospital Name
地址/醫院名稱 : _____

*HK Identity Card No. 香港身分證號碼/Passport No.(please specify the place of issue) 護照號碼(請指明發出地點) /Other identity document No. (please specify the type of document and place of issue) 其他身分證明文件號碼(請指明文件類別及發出地點)

8. Particulars of Registered Medical Practitioner expected to implant organ (if he is also expected to remove organ, please state so and give reason)

負責器官植入手術的註冊醫生的個人資料(如他同時負責器官切除手術，請註明及提供原因)

Name
姓名 : _____

Personal Identification No.
個人身分證明號碼 : _____

Telephone Number
電話號碼 : _____

Facsimile Number
傳真號碼 : _____

Address/Hospital Name
地址/醫院名稱 : _____

Reasons for the same registered medical practitioner to remove the organ
由同一位註冊醫生負責切除手術的原因 : _____

*HK Identity Card No. 香港身分證號碼/Passport No.(please specify the place of issue)護照號碼(請指明發出地點) /Other identity document No. (please specify the type of document and place of issue)其他身分證明文件號碼(請指明文件類別及發出地點)

9. Particulars of Registered Medical Practitioner(s) explaining matters under section 5D(1)(b) and (d) (Part (a) and (b) should both be completed if different registered medical practitioners gave the explanation to the intended donor and the intended recipient respectively)

負責向預定的器官捐贈人及預定的器官受贈人說明第 5D(1)(b)及(d)條有關事項的註冊醫生的個人資料(若由不同註冊醫生分別向預定的器官捐贈人及預定的器官受贈人解釋有關事項，(a)及(b)部必須同時填寫)

	(a)	(b)
Name 姓名	: _____	: _____
Personal Identification No. 個人身分證明號碼	: _____	: _____
Telephone Number 電話號碼	: _____	: _____
Facsimile Number 傳真號碼	: _____	: _____
Address/Hospital Name 地址/醫院名稱	: _____	: _____
	<small>*HK Identity Card No. 香港身分證號碼/Passport No.(please specify the place of issue) 護照號碼(請指明發出地點) /Other identity document No. (please specify the type of documents and place of issue) 其他身分證明文件號碼(請指明文件類別及發出地點)</small>	<small>*HK Identity Card No. 香港身分證號碼/Passport No.(please specify the place of issue) 護照號碼(請指明發出地點) /Other identity document No.(please specify the type of documents and place of issue)其他身分證明文件號碼(請指明文件類別及發出地點)</small>

10. Particulars of the Interviewer(s) (Part (a) and (b) should both be completed if the intended donor and the intended recipient were interviewed by different interviewers)

面見負責人的個人資料(若由不同面見負責人分別會見預定的器官捐贈人及預定的器官受贈人，(a)及(b)部必須同時填寫)

	(a)	(b)
Name 姓名	:	_____
Personal Identification No. 個人身分證明號碼	:	_____
Telephone Number 電話號碼	:	_____
Facsimile Number 傳真號碼	:	_____
Address/Hospital Name 地址/醫院名稱	:	_____

*HK Identity Card No. 香港身分證號碼/Passport No. (please specify the place of issue) 護照號碼(請指明發出地點)/Other identity document No.(please specify the type of document and place of issue) 其他身分證明文件號碼(請指明文件類別及發出地點)

Part B 乙部

Declarations, Certificates and Report 聲明書、證明書及報告書

*The Declarations (DEC(1) to(4)) and Report (REP)/ The Declarations (DEC(1), (2) & (4)), Certificates (CERT(1) &(2)) and Reports (REP & MR) have been completed according to the instructions and are submitted together with this application form.

*聲明書(DEC(1)至(4))及報告書(REP) / 聲明書(DEC(1)、(2)及(4))、證明書(CERT(1)及(2))及報告書(REP 及 MR) 已按指引填妥，並連同此申請表一併遞交。

* * * * *

Signature of Applicant
申請人簽署 : _____

Name of Applicant
申請人姓名 : _____

Date
日期 : _____

† Proof of age should be submitted 須遞交年齡證明

* Delete whichever is inapplicable 刪去不適用者

Important Notes 重要註釋：

- (a) The applicant is required to provide the background information leading to the proposed transplant in separate sheets, such as a chronology of events, and attach such information to this application form. The applicant may in addition submit any other relevant documentary evidence or information as deemed appropriate to substantiate the application e.g. to demonstrate the emotional tie or to support the belief of no commercial dealing.
申請人遞交本申請表時，須提供引致所建議的移植的背景資料，如有關事件的時序表。申請人亦可同時遞交他認為可輔助此項申請的其他有關證明文件或資料，藉以顯示其感情聯繫或確立無涉及商業交易等。
- (b) If more than one organ is to be removed from the intended donor and transplanted to a single intended recipient, one Application Form and one set of Declarations is required. If there are multiple intended recipients, one Application Form and one set of Declarations for each intended recipient is required irrespective of the number of organs he/she will receive from the intended donor.
若從預定的器官捐贈人身上切除多於一個器官，並移植於同一名預定的器官受贈人，只須遞交一份申請表及聲明書。若有多名預定的器官受贈人，則不論他/她將從預定的器官捐贈人身上接受多少個器官，須就每一名預定的器官受贈人遞交一份申請表及聲明書。